**Purpose of the Situational Analysis**

The situational analysis aimed to explore contextual challenges, facilitators, and resources that could be leveraged to support LTC homes to implement a palliative program (SPA-LTC) in British Columbia. **The purpose of this document is to serve as a guideline for other provinces/sites as they conduct their situational analyses.**

**Overview of Situational Analysis**

* **416 emails sent to various stakeholders in BC**, including nurses, physicians, administrators, external consultants, and allied health professionals to complete the stakeholder survey

**Situational Analysis Experience**

Scaling Up a Palliative Approach to Care in LTC Homes Across British Columbia

* + **34 contacts were personalized key contacts or email groups/lists** representing the LTC sector among all BC health authorities
* Emails/stakeholder survey invites were also sent via newsletters, membership lists, professional development networking, and social media posting
* From the initial email campaign, **13 participant responses provided key connections to other membership lists**, newsletters, social media postings, and links to local champions
* One email reminder was sent one month after the initial email contact
* Stakeholders were also specifically recruited from underrepresented geographic areas
* In total, 84 completed surveys were collected

**Email Distribution**

|  |  |
| --- | --- |
| Email Type | Number of Emails |
| Individual Emails | 416 (includes 34 key contacts) |
| BC Hospice Palliative Care Association Newsletter | 1800 |
| BC Hospice Palliative Care Association Membership List | 150 |
| North Okanagan Hospice Society Newsletter | 1793 |
| EngAge BC Membership List | 450 |
| Total Emails | 4609 |

**Visual Representation of Situational Analysis**

**Engaging and Networking with LTC Homes**

1. **Approaching Province Wide Leaders**: Reaching out to leaders outside health authorities who have positions of influence in LTC, such as those within BC-CPC and the BC Care Providers Association.
2. **Engaging Health Authority Leaders**: Approaching health authority staff at the Clinical Nurse Specialist and Educator levels to achieve buy-in and support for project information and survey dissemination. Also sharing information on

“what’s in it for them.”

1. **Fostering Relationships**: Ensuring that a positive working relationship is built

over time by maintaining a consistent stream of communication (and following

up when necessary) with each private LTC home that expressed interest for

project participation.

**Lessons Learned**

1. **Leveraging Current Professional Networks**

This can provide key connections to stakeholders

who may be able to further introduce you to other

networks of interest.

1. **Accessing Established Email Lists**

This can save the time and energy of individually researching and sending emails while expanding the number of people reached.

1. **Researching New Networks and Key Stakeholders**:

This provides the opportunity to learn about key contacts and organizations who may be valuable to the situational analysis, while allowing you to form new networks.

1. **Calling Key Stakeholders for Buy-In**

This allows you to introduce yourself first-hand to achieve

buy-in while potentially gaining access to additional membership/email lists.